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COVER LETTER

•	TO: Registration Section Division of Corporations
•	SUBJECT: GERALD PULVER, MA CHER & ASSOCIATES LLC Name of Limited Liability Company
	The enclosed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	GERACO PULKEMACHEN Name of Person
	GERALO PULVERMACHER CASSOCIATES, U.C.
	5030 CHAMION BLUP. 6-6 POBOX ZIZ
	BOCA RATON FLOKIDA 33496 City/State and Zip Code
	City/State and Zip Code GERALD & GPULVER MACHER ASSOCIATES. COM E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	SERALD PUWERMACHEL at (917) 279-4173 Name of Person Area Code & Daytime Telephone Number
	Enclosed is a check for the following amount:
	□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GERALD PULVERMACHER ASSOCIATES LLC

(Must end with the words "Limited Liability Company," L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5030 CHAMION BLUP.	> 2198 NW 59 7457.
66 POBOX 212	BOCA RATON FL.
BOLA RATON FLORIDA 33496	33 496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GERA	LD PULVERMACHER	
	Name	
2198	NW 59 74. 57.	
	Florida street address (P.O. Box NOT acceptable)	
BOCA	RATON FL 33496	
	City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ERALD PULVERMACHER 198 NW 5974 ST. OCA RATON FL. 33496
filing: (OPTION c and cannot be more than five business d
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uthorized representative of a member. 408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ue.)
a: 8.4 1 a

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)